

Mrs Jean Chedalavada David-John

# Care Assistance

## Inspection report

Unit 29  
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Rotherham  
S60 2DH

Tel: 01709533735

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Care Assistance is a service providing personal care and support for people in their own homes. The service was supporting around 100 people at the time of the inspection which included people living with dementia and people with physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People spoke positively about their experience of receiving care from this provider. One person's relative said: "The carers are so lovely. They will sit down and have a chat with [my relative] when time permits." Another said: "Honestly all I can say is 'wow'. We're just over the moon. Everything... has been great. The sense of humour that has been brought to the house, what a difference it has made to [my relative]".

Where incidents had occurred, the provider had made the legally required notifications to CQC, and where appropriate made changes to how care services were delivered. The manager had a good oversight of the service and knew people's needs well. The manager was committed to continuous improvement and passionate about the quality of service people received.

Medicines were managed safely with regular audits of people's care, including their medication, taking place.

Staff had a good understanding of infection control procedures, and told us personal protective equipment (PPE) was plentiful. One person's relative told us: "All of the PPE is worn. Everything is in the home."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care took place in accordance with people's consent, and staff confirmed they always checked people's preferences before carrying out care tasks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published December 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Assistance on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our well led findings below.

# Care Assistance

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave short notice of the inspection in order for the manager to provide us with the documentation we needed to look at.

Inspection activity started on 7 November 2022 and ended on 22 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 members of staff and 8 people's family members. We reviewed a range of records. This included 3 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were safely managed within the service.
- Where the provider had identified risks, they put appropriate arrangements in place to manage and mitigate them. One person's relative said "[my relative] is definitely safe."

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they believed the service to be safe.
- The provider had appropriate systems and processes in place to protect people from the risk of abuse and avoidable harm.
  - The provider's training records showed staff had received safeguarding training, and staff confirmed this. Staff knew what steps they should take if they suspected abuse.
  - Records showed the provider had made the required notifications to the local authority and CQC when safeguarding incidents were identified.

Staffing and recruitment

- Staff were recruited safely.
- References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff confirmed their recruitment procedure had been thorough.

Using medicines safely

- Medicines were managed safely within the service.
- Staff had received training in medicines management.
- The provider had arrangements in place to monitor medicines and ensure they were managed safely.

Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they were provided with a good level of supplies.
- The provider's records showed staff had received training regarding infection control and staff said they felt they had a good knowledge in this area.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded correctly, including to external bodies where

required.

- The manager had a good oversight of incidents within the service, and made changes when necessary to improve service delivery.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA . The manager understood the requirements of the MCA, and staff had received appropriate training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection it has improved to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood what was required of them, and recognised the responsibility associated with their roles. People's relatives praised the staff and manager, with one saying "[the manager] is so lovely, I can talk whenever I want. She will bend over backwards for us. I find her to be so understanding".
- The manager had systems and processes in place to monitor and improve the quality of the service.
- People's care notes were clear and evidenced the care provided to people was in accordance with their assessed needs.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us care met their needs so that good outcomes were achieved. One relative said: "It is the same couple of people that come. It is important for [my relative's] dementia. The carers are so lovely. They will sit down and have a chat when time permits." Another relative said: "[My relative] is so much happier. I can't knock them. The change... has been immense... even the GP has mentioned how well she is doing".
- Records showed that if things went wrong, the manager was open and honest with people. One relative said: "I felt as if the agency were approachable. If our circumstances changed we could go back and discuss it with them." Another relative told us about an untoward incident and said the manager was available to discuss this and changes were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt supported and respected by the manager.
- People's care plans showed their care was designed with their involvement and in partnership with others where relevant.
- Records showed people were regularly contacted for their feedback. People's relatives confirmed this. One relative told us: "There are regular reviews." Another told us that care was changed as their relative's needs changed.

